

of the intermediate and high doses of OPG-Fc (4 – 0.06 mg/kg) showed a statistically significant difference in BMD when compared to the OPG placebo treated control group (P < 0.05).

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However, treatment with OPG-Fc (at all doses) had no statistically significant effect on the severity of inflammation (Figures 31A and 31B, AUC) or loss of body weight (data on file).

CLAIMS

f6 Applicants request that Claim 1 be cancelled.

f6 17. (Amended) A method of treating bone loss, which comprises administering an IL-1 inhibitor, a TNF-~~•~~inhibitor, and an OPG protein, wherein “OPG protein” refers to an antibody to OPG ligand or a polypeptide comprising conserved residues from residues 22 to 185 of SEQ ID NOS: 171, 172, and 173.

f7 19. (Amended) The method of Claim 17, wherein the TNF-~~•~~inhibitor comprises sTNFR-I, sTNFR-II, sTNFR fragments, or sTNFR-Fc, wherein “sTNFR” refers to sTNFR-I or sTNFR-II.

Applicants request that the following new claims be entered:

f8 62. (new) The method of Claim 17, wherein the OPG protein comprises a sequence comprising the conserved residues from residues 22 to 185 of SEQ ID NOS: 171, 172, and 173.

63. (new) The method of Claim 17, wherein the OPG protein comprises residues 22 to 185 of SEQ ID NO: 123.

64. (new) The method of Claim 17, wherein the OPG protein comprises residues 22 to 185 of SEQ ID NO: 125.

65. (new) The method of Claim 17, wherein the OPG protein comprises an antibody to OPG ligand.